

Date.....

Permit No.....

TOWN OF ACTON

APPLICATION FOR PERMIT TO CONSTRUCT WITHIN A PUBLIC WAY

This application must be submitted not less than five (5) days prior to any Construction within a public way.

Notice 24 hours in advance of any construction must be given to the Town Engineer.

1. Permittee:..... Acton Water District Address:..... 683 MASS. AVE. Acton
1A. Telephone #:..... 263-9107
2. Location of Proposed Construction:..... Intersection of MAIN ST. & BROOK ST.
3. Purpose of Construction:..... EMERGENCY WATER REPAIR
4. Length of Cut:..... 3' + 1'
5. Width of Cut:..... 6' + 1/2
6. Width of Existing Pavement:.....
7. Type of Existing Roadway Surface:..... BIT. Type of Curb:..... NONE
8. Type of Existing Sidewalk Surface:..... NONE Type of Shoulder:..... GRASS
9. Date of Street Opening: From..... 7-8-92 Wed- To.....
10. For Work Involving Excavations: Dig Safe Number..... 92.266.352

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Regulating Construction with Public Ways dated August 3, 1982. I have deposited the required bond with the Town of Acton, and I covenant and agree that the Town may deduct from this amount the cost of repairs to the road surface, curbs, shoulders, walls or other features within the right-of-way including replacing bounds if not completed by me to the satisfaction of the Town Engineer within the specified time.

Special Instructions:

Signature of Applicant.....

Permit Issued: Date.....

By:.....

Application Denied: Date.....

By:.....

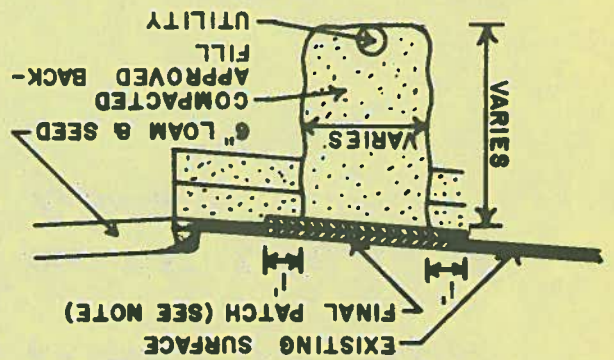
Work Inspected and Approved: Date.....

By:.....

(over)

INFORMED

TOWN OF ACTON TRENCH DETAIL FEB. 1969 NO SCALE



NOTE: 1. FINAL PATCH DEPTH
2. SEE SPECIFICATIONS FOR
3. OIL TREATED ROADS
4. BIT. CONC. ROADS
FURTHER REQUIREMENTS

SKETCH

SECTION A-A

